| Submit 3 Copies To Appropriate District  State of New                                                                                         |                                       |                              | Form C-103                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| Office Energy, Minerals and I                                                                                                                 | Natural Resources                     | THE LANGE                    | June 19, 2008                         |
| 1625 N. French Dr., Hobbs, NM 87240<br>District II                                                                                            |                                       | WELL API NO.<br>30-015-37588 | a l                                   |
| 1301 W. Grand Ave., Artesia, NM 88210                                                                                                         |                                       | 5. Indicate Type of Lease    | · · · · · · · · · · · · · · · · · · · |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Santa Fe, N                                                                  |                                       |                              | FEE                                   |
| District IV                                                                                                                                   | WI 073U3                              | 6. State Oil & Gas Lease     | <u> </u>                              |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                |                                       | 0. State Off & Gas Lease     | No.                                   |
| SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM | PEN OR PLUG BACK TO A                 | 7. Lease Name or Unit A      | greement Name:                        |
| PROPOSALS.)                                                                                                                                   |                                       | Elk Wallow 11 State          |                                       |
| 1. Type of Well: Oil Well X Gas Well Other                                                                                                    |                                       | 8. Well Number               |                                       |
| 2. Name of Operator                                                                                                                           |                                       | 9. OGRID Number              |                                       |
| EOG Resources, Inc.                                                                                                                           |                                       | 7377                         |                                       |
| 3. Address of Operator                                                                                                                        |                                       | 10. Pool name or Wildca      | .t                                    |
| P.O. Box 2267 Midland, TX 79702  4. Well Location                                                                                             |                                       |                              | 1                                     |
|                                                                                                                                               |                                       |                              |                                       |
| Unit LetterD : 330feet from the                                                                                                               | North line and                        | 467 feet from the_           | West line                             |
| Section 11 Township 25S                                                                                                                       | <u> </u>                              | NMPM Cou                     | inty <b>Eddy</b>                      |
| 11. Elevation (Show whe                                                                                                                       | ther DR, RKB, RT, GR, etc<br>3039' GR | c.)                          |                                       |
|                                                                                                                                               |                                       |                              |                                       |
| 12. Check Appropriate Box to Indic                                                                                                            | ate Nature of Notice, F               | Report, or Other Data        |                                       |
| NOTICE OF INTENTION TO                                                                                                                        | l our                                 |                              |                                       |
| NOTICE OF INTENTION TO:                                                                                                                       | SOB                                   | SEQUENT REPORT               | OF:                                   |
| PERFORM REMEDIAL WORK PLUG AND ABANDON                                                                                                        | REMEDIAL WORK                         | ☐ ALT                        | ERING CASING                          |
| TEMPORARILY ABANDON                                                                                                                           | COMMENCE DRILLII                      | NG OPNS. 🔲 PA                | ND A                                  |
| PULL OR ALTER CASING MULTIPLE COMPL                                                                                                           | CASING/CEMENT JO                      | ов 🗆                         |                                       |
| DOWNHOLE COMMINGLE                                                                                                                            |                                       |                              |                                       |
| BOWN HOLL GOWN MICEL                                                                                                                          |                                       |                              |                                       |
| OTHER:                                                                                                                                        | OTHER: complet                        | ion.                         | X                                     |
| 13. Describe proposed or completed operations. (Clearly state a                                                                               |                                       |                              | <del>-</del>                          |
| of starting any proposed work). SEE RULE 1103. For Mu or recompletion.                                                                        | · · ·                                 | -                            | <del>~</del>                          |
| 5/26/10 TD Pilot hole at 8400' VD.                                                                                                            |                                       |                              |                                       |
| 5/28/10 RIH to spot kick-off plug from 7875' to                                                                                               | 7775'.                                |                              |                                       |
| Pump 50 sx Class H, 18.0 ppg, 0.9024 yr                                                                                                       |                                       | _                            |                                       |
| Spot plug from 7500' to 7100', pump 197                                                                                                       |                                       |                              |                                       |
| 5/29/10 RIH and tag cement at 7120'. RIH w/ di $6/06/10$ TD at 11960' MD.                                                                     | rectional drifting to                 | ois. Alck-oil at /15         |                                       |
| 6/09/10 RIH w/ 119 jts 5-1/2", 17#, HCP-110 LTC                                                                                               | C & 161 jts 7", 26#, H                | CP-110 LTC casing set        | at 11960'.                            |
|                                                                                                                                               | -                                     | _                            |                                       |
| Spud Date: 5/7/10 Rig F                                                                                                                       |                                       | 6/10/10                      |                                       |
| Spud Date: Spud Date: Rig F                                                                                                                   | Release Date:                         |                              |                                       |
| I hereby certify that the information above is true and complete to                                                                           | o the best of my knowledge            | e and belief.                |                                       |
| 4 1                                                                                                                                           |                                       |                              |                                       |
| SIGNATURE Stan Way                                                                                                                            | TITLE Regulator                       | ry Analyst DATE              | 9/2/10                                |
| Type or print name <u>Stan Wagner</u>                                                                                                         | E-mail address:                       | PHON                         | E <u>432-686-3689</u>                 |
| For State Use Only                                                                                                                            | $\mathcal{L}$                         |                              |                                       |
| APPROVED BY                                                                                                                                   | TITLE DISTHS                          | JOUNS CDATE                  | 12/10/2000                            |
| Conditions of Approval (if any):                                                                                                              | ,                                     | - JOHNE                      | 17                                    |

| Submit 3 Copies To Appropriate District                                             | State of New Me                                          |                               |                         | Form C-103               |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|-------------------------|--------------------------|
| Office District I                                                                   | Energy, Minerals and Natu                                | ıral Resources                |                         | June 19, 2008            |
| 1625 N. French Dr., Hobbs, NM 87240                                                 |                                                          |                               | WELL API NO.            |                          |
| District II 1301 W. Grand Ave., Artesia, NM 88210                                   | OIL CONSERVATIO                                          |                               | 30-015-37               |                          |
| District III                                                                        | 1220 South St. Fra                                       |                               | 5. Indicate Type of L   | 1                        |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                | Santa Fe, NM 8                                           | 7505                          | STATE 🗴                 | FEE 🗆                    |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505                       |                                                          |                               | 6. State Oil & Gas Le   | ease No.                 |
|                                                                                     | ES AND REPORTS ON WE                                     |                               | 7. Lease Name or Un     | it Agreement Name:       |
| DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)                                        | ATION FOR PERMIT" (FORM C-10                             | )1) FOR SUCH                  | <br>  Elk Wallow 11 Sta | te                       |
| 1. Type of Well:                                                                    |                                                          |                               | 8. Well Number          | Ce                       |
| Oil Well X Gas Well                                                                 | Other                                                    |                               | 1H                      |                          |
| 2. Name of Operator                                                                 |                                                          |                               | 9. OGRID Number         |                          |
| EOG Resources, Inc.                                                                 |                                                          |                               | 7377                    |                          |
| 3. Address of Operator                                                              |                                                          |                               | 10. Pool name or Wil    | dcat                     |
| P.O. Box 2267 Midland, TX                                                           | 79702                                                    |                               |                         |                          |
| 4. Well Location                                                                    |                                                          |                               |                         |                          |
| Unit Letter                                                                         | feet from the No.                                        | rth line and                  | 467 feet from t         | he West line             |
| Section 11                                                                          |                                                          | Range 29E                     |                         | County <b>Eddy</b>       |
|                                                                                     | 11. Elevation (Show whether 30)                          | DR, RKB, RT, GR, ei<br>39' GR | (c.)                    | Allega Control           |
| 12 Chaola A                                                                         | annonwista Day to Indicate                               | Natura of Nation              | Danant an Othan Da      | to                       |
| 12. Check Aj                                                                        | ppropriate Box to Indicate                               | nature of Notice,             | Report, or Other Da     | ta                       |
| NOTICE OF INTE                                                                      | ENTION TO:                                               | 9115                          | SEQUENT REPO            | DT OF:                   |
|                                                                                     |                                                          |                               |                         |                          |
| PERFORM REMEDIAL WORK                                                               | PLUG AND ABANDON                                         | REMEDIAL WORK                 |                         | ALTERING CASING          |
| TEMPORARILY ABANDON                                                                 | CHANGE PLANS                                             | COMMENCE DRILL                | ING OPNS. 🔲 🔠           | P AND A                  |
| PULL OR ALTER CASING                                                                | MULTIPLE COMPL                                           | CASING/CEMENT J               | ов П                    |                          |
|                                                                                     |                                                          |                               |                         |                          |
| DOWNHOLE COMMINGLE                                                                  |                                                          |                               |                         |                          |
|                                                                                     |                                                          |                               |                         |                          |
| OTHER:                                                                              |                                                          | OTHER: comple                 | tion                    | X                        |
| 13. Describe proposed or completed of starting any proposed work). or recompletion. |                                                          |                               |                         |                          |
| 6/09/10 Cement lead w/ 5                                                            | 50 sx 50:50:10 Class H, 11                               | 8 ppg, 2.38 yield             | d; tail w/ 1200 sx 5    | 50:50:2 Class H,         |
|                                                                                     | ield. TOC at 450' by CBL.                                |                               | •                       | ·                        |
| 6/10/10 Released rig.                                                               |                                                          |                               |                         |                          |
| 8/13/10 MIRU for complet:                                                           |                                                          |                               |                         |                          |
| 8/25/10 Begin 9 stage cor                                                           | -                                                        |                               |                         |                          |
| 8/27/10 Finish 9 stage co                                                           | _                                                        |                               |                         | · ·                      |
|                                                                                     | s 15% HCL acid, 95 bbls 10<br>L, 796013# 100 mesh sd, 27 |                               | _                       | 1                        |
| 34320 BDIS AL GE.                                                                   |                                                          | 30819# 20/40 Su, :            |                         | 1, 62222 DDIS WCI.       |
| Spud Date: 5/7/10                                                                   | Rig Relea                                                | ase Date:                     | 6/10/10                 |                          |
|                                                                                     |                                                          |                               |                         |                          |
| I hereby certify that the information a                                             | bove is true and complete to the                         | e best of my knowledg         | ge and belief.          |                          |
| SIGNATURE Stan Wa                                                                   | TIT                                                      | LE Regulato                   | ry Analyst DA           | ATE 9/2/10               |
| Type or print name <u>Stan Wagner</u>                                               | E-m                                                      | nail address:                 | PF                      | IONE <u>432-686-3689</u> |
| For State Use Only                                                                  |                                                          | 7 -14                         | X. Muse a               | 11/1                     |
| APPROVED BY                                                                         | W TI                                                     | rlr///3/1/15                  | September DA            | TE 12/6/2010             |
| Conditions of Approval (if any):                                                    |                                                          |                               | /                       | / /                      |

| Submit 3 Copies To Appropriate District                                                                                                        | State of New M                                                        |                               |                                              | Form C-103     |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------|----------------------------------------------|----------------|--|--|
| Office District I                                                                                                                              | Energy, Minerals and Nati                                             | ural Resources                |                                              | June 19, 2008  |  |  |
| 1625 N. French Dr., Hobbs, NM 87240                                                                                                            |                                                                       |                               | WELL API NO.                                 |                |  |  |
| District II 1301 W. Grand Ave., Artesia, NM 88210                                                                                              | OIL CONSERVATIO                                                       | N DIVISION                    | 30-015-37588                                 |                |  |  |
| District III                                                                                                                                   |                                                                       |                               | 5. Indicate Type of Lease                    |                |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                           | Santa Fe, NM 8                                                        | 37505                         | STATE x                                      | fee 🗌          |  |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM                                                                                           |                                                                       |                               | 6. State Oil & Gas Lease                     | No.            |  |  |
| 87505                                                                                                                                          |                                                                       |                               |                                              |                |  |  |
| SUNDRY NOTIC<br>(DO NOT USE THIS FORM FOR PROPO<br>DIFFERENT RESERVOIR. USE "APPLIC<br>PROPOSALS.)                                             |                                                                       | OR PLUG BACK TO A             | 7. Lease Name or Unit A  Elk Wallow 11 State | greement Name: |  |  |
| 1. Type of Well:                                                                                                                               |                                                                       |                               |                                              |                |  |  |
| Oil Well X Gas Well                                                                                                                            | Other                                                                 |                               | 8. Well Number                               |                |  |  |
| 2. Name of Operator                                                                                                                            |                                                                       |                               | 9. OGRID Number                              |                |  |  |
| EOG Resources, Inc.                                                                                                                            |                                                                       |                               | 7377                                         |                |  |  |
| 3. Address of Operator                                                                                                                         |                                                                       |                               | 10. Pool name or Wildca                      |                |  |  |
| P.O. Box 2267 Midland, To                                                                                                                      | x 79702                                                               |                               | 10. Tool name of Whata                       |                |  |  |
| 4. Well Location                                                                                                                               |                                                                       |                               |                                              |                |  |  |
| Unit Letter                                                                                                                                    | 330 feet from the No                                                  | rth line and                  | 467 feet from the_                           | West line      |  |  |
| Section 11                                                                                                                                     | Township 25s                                                          | Range 29E                     | NMPM Cou                                     | nty Edd.       |  |  |
| Section 11                                                                                                                                     | Township 25s 11. Elevation (Show whether                              |                               |                                              | nty Eddy       |  |  |
|                                                                                                                                                | •                                                                     | DN, NND, N1, ON, et<br>39' GR | <i>c.)</i>                                   |                |  |  |
| <u> </u>                                                                                                                                       |                                                                       | <del></del>                   | ***************************************      |                |  |  |
| 12. Check A                                                                                                                                    | ppropriate Box to Indicate                                            | Nature of Notice,             | Report, or Other Data                        |                |  |  |
| NOTICE OF INTI                                                                                                                                 | ENTION TO:                                                            | SUB                           | SEQUENT REPORT                               | OF:            |  |  |
| PERFORM REMEDIAL WORK                                                                                                                          | PLUG AND ABANDON 🔲                                                    | REMEDIAL WORK                 | ☐ ALT                                        | ERING CASING 🔲 |  |  |
| TEMPORARILY ABANDON                                                                                                                            | CHANGE PLANS                                                          | COMMENCE DRILL                | ING OPNS. 🗍 PAN                              | ND A CT        |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
| PULL OR ALTER CASING                                                                                                                           | MULTIPLE COMPL L                                                      | CASING/CEMENT J               | ОВ 📙                                         |                |  |  |
| DOWNHOLE COMMINGLE                                                                                                                             |                                                                       |                               |                                              |                |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
| OTHER:                                                                                                                                         |                                                                       | OTHER: complet                |                                              | X              |  |  |
|                                                                                                                                                |                                                                       | <u> </u>                      |                                              | <del></del>    |  |  |
| <ol> <li>Describe proposed or completed<br/>of starting any proposed work).</li> <li>or recompletion.</li> </ol>                               | d operations. (Clearly state all possible SEE RULE 1103. For Multiple |                               |                                              |                |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
| 8/28/10 RIH w/ coil tubing to drill out frac plugs and clean out. 8/29/10 Finish cleaning out. Prep for production tubing and gas lift valves. |                                                                       |                               |                                              |                |  |  |
| 8/30/10 RIH w/ 2-7/8" production tubing and gas lift assembly. Packer set at 7500'.                                                            |                                                                       |                               |                                              |                |  |  |
| Flowback.                                                                                                                                      |                                                                       | -                             |                                              |                |  |  |
| 9/09/10 Shut-in for pressure build up.                                                                                                         |                                                                       |                               |                                              |                |  |  |
| 9/23/10 Turned to produc                                                                                                                       | tion                                                                  |                               |                                              |                |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
| Spud Date: 5/7/10                                                                                                                              | Rig Rele                                                              | ase Date:                     | 6/10/10                                      |                |  |  |
|                                                                                                                                                |                                                                       |                               |                                              |                |  |  |
| I hereby certify that the information a                                                                                                        | above is true and complete to the                                     | e best of my knowledg         | e and belief.                                |                |  |  |
| SIGNATURE Stan U                                                                                                                               | Jagr TIT                                                              | LE <u>Regulato</u>            | ry Analyst DATE                              | 10/14/10       |  |  |
| Type or print name <u>Stan Wagner</u>                                                                                                          | E-n                                                                   | nail address:                 | PHON                                         | E 432-686-3689 |  |  |
| For State Use Only                                                                                                                             | ada                                                                   | 1)1574                        | Collwal                                      | 17/1/200       |  |  |
| APPROVED BY Conditions of Approval (if any):                                                                                                   | TI'                                                                   | TLEN VERY                     | DATE DATE                                    | 12/0/000       |  |  |